ENTRY BLANK			
PLEASE TYPE OR I	PRINT	Enter	red previous May Show
☐ Ms. Mr. Artist ☐	ERALD	K	RAMER
Permanent 356 Address Street	5 OVE	RLook	RD, CLEVE, H
44106	Tel. (216)	932	-6071
Zip	Area Code		
Temporary Address			
Street			City
	Tel. ()		
Zip	Area Code		
Permanent address is	in what cou	nty? Ct	AJOHAYU
Born in Cuyahoga Co	ounty 🗆 \	res 🔯 N	0
Collaborator			
(If)	Any)		
If entries are not acc Artist will pick u			
☐ Museum should			
			D. at this address:
ividsedili silodid	simp entires t	o artist G.C	.D. at this address.

The attached card at right will be returned to you as notification of acceptance or rejection by the last week in April.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed.

It is also understood that accepted entries will remain on exhibition until June 9, 1974.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Signature Gerall Frames

ENTRY BLANKS .							
1. Paintings □ 2. Graphics □ 3. Photography □ 4. Sculpture □ 5. Electric □ 6. Crafts							
Medium or Materia							
ACRYLIC POLYMER							
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GRAPHICS AND PHOTOGRAPHY ONLY							
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DO NOT WRITE IN THIS SECTION		AC	CEPTED	REJECTED			
			RE	ECEIVED	BY		

1974 MAY SHOW
The Cleveland Museum of Art
Cleveland, Ohio 44106

Please keep address within this box for window envelope.

Name	GERALD	KRAY	MER
Address	2565 OV	ERLOOK	RD.
City & State	CLEVELAND	HTS.	zip 44106
	OHIO		

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

ACCEPTANCE OR REJECTION	NOTICE	. *				
This is your only receipt to claim your objection will be mailed to you following judging.	ect(s). This not	ification				
Moral Do NOT DETACH [>						
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